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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/615,014	07/09/2003	Mutsumi Kimura	116029	116029 8728	
25944	7590 03/27/2006		EXAMINER		
OLIFF & BERRIDGE, PLC			SEFER, A	SEFER, AHMED N	
P.O. BOX 19928 ALEXANDRIA, VA 22320			ART UNIT	PAPER NUMBER	
			2826	2826	
			DATE MAILED: 03/27/2006		

Please find below and/or attached an Office communication concerning this application or proceeding.

	Application No.	Applicant(s)			
Interview Summary	10/615,014	KIMURA, MUTSUMI			
interview duminary	Examiner	Art Unit			
	A. Sefer	12826			
All participants (applicant, applicant's representative, PTO	personnel):	<i>h</i>			
(1) <u>A. Sefer</u> .	(3) ivi	OWN -			
(2) <u>Cristopher Wrist</u> .	(4) SUPERVIOL				
Date of Interview:	•	•			
Type: a)☐ Telephonic b)☐ Video Conference c)⊠ Personal [copy given to: 1)☐ applicant 2	2)⊠ applicant's representativ	e]			
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)□ No.	•			
Claim(s) discussed:					
Identification of prior art discussed: <u>USPN 6,078,060 (Shibuya)</u> .					
Agreement with respect to the claims f) was reached. g)□ was not reached. h)□ h	N/A.			
Substance of Interview including description of the general reached, or any other comments: Claim 1, as amended, ap as being anticipated by Shibuya.		•			
(A fuller description, if necessary, and a copy of the amendal allowable, if available, must be attached. Also, where no coallowable is available, a summary thereof must be attached	opy of the amendments that v				
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW CONTRACTOR OF THE SUBSTANCE OF THE INTERVIEW CONTRACTOR OF THE SUBSTANCE OF THE INTERVIEW CONTRACTOR OF THE INTERVIEW	last Office action has already OF ONE MONTH OR THIRT' ERVIEW SUMMARY FORM,	been filed, APPLICANT IS Y DAYS FROM THIS WHICHEVER IS LATER, TO			
•					
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Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.	Examiner's sign	ature, if required			